



Nantucket Police Department

Full-Time Police Officer Employment Application

Notice to Applicant:

DATE _____

**Attach an
Original
Passport Size
Photograph
Here**

This Application MUST BE typewritten or clearly printed in blue or black ink. All questions MUST be answered. If a question is not applicable, so state with N/A. Applications which are not legible, not complete, and fail to include all required information and attachments may not be considered. If the space provided is not sufficient for complete answers, or you wish to provide additional information, attach separate 8 1/2" x 11" sheets to this application and number answers to correspond with each question. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Ensure that all dates and other information provided is absolutely accurate. When you have completed this application, you MUST mail this form with original signatures, photograph and other attachments. FAX copies will not be accepted.

ALL APPLICATIONS MUST BE RECEIVED BY MONDAY, OCTOBER 3, 2005

**All Applicants must
submit the following
documents with this
Application:**

- Certified transcript from your College/University
- Certified Copy of High School Diploma *High School Diploma not required if High School name is on college transcript*
- Certified Copy of your Birth Certificate
- Writing Sample- *Submit with this application a 150 word essay in your own HAND WRITING (not typed) explaining why you want to be a Nantucket Police Officer. You may also include in this writing sample other topic areas, such as your career goals or qualifications. This is a writing sample to determine your ability to write and compose a paragraph.*
- Copy of your Social Security Card
- Copy of your Drivers License
- Copy of your Military DD-214 if applicable.

Personal History

1. Applicants Full Name:

LAST FIRST MIDDLE

2. Current Residential Street Address:

NUMBER STREET APT/SUITE

CITY/TOWN STATE ZIP

3. Mailing Address: (if different from above)

NUMBER STREET APT/SUITE

CITY/TOWN STATE ZIP

4. Date of Birth: Month- _____ Day: _____ Year: _____

5. Social Security Number: _____

6. Email Address: _____ @ _____

7. Telephone Numbers:

Home: _____

Work: _____

Cellular: _____

8. Height: _____ Weight: _____ Sex M/F: _____ 9. U.S. Citizen: YES ☐ NO ☐

10. Drivers License Number and State of Issue: _____

11. Vehicle Registration Number and State of Issue: _____

Medical Data

1. List any past or present physical defects or disabilities, including the extent of defective vision, with and without glasses, and deficiencies in color vision or hearing.

2. List any physical limitations or handicaps, including any which would prevent you from properly performing the work required for the position that you have applied for.

3. List any serious illnesses or operations, including hospitalization for any reason. Provide dates with each description.

4. List any mental illnesses, including out-patient care by a psychiatrist or psychologist.

5. List the number of days lost from work or school due to illness of any kind over the past five (5) years. List the reasons for those absences.

Credit Record

1. List any circumstances in which you have been refused credit or where your credit record has been considered unsatisfactory.

2. List any creditors to whom you are indebted to in excess of five hundred dollars (\$500.00).

<i>Name</i>	<i>Address</i>	<i>Account Number</i>	<i>Amount Owed</i>
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Residential Addresses

1. In chronological order, starting first with your present residential address, state every place that you have resided within the past ten years. Include addresses while attending school, if away from home, and all military addresses.

From Month/Year	To Month/Year	Address	Apt. Nbr.			Landlords Name and Telephone Number
	PRESENT					

Miscellaneous

1. Are you willing to work any shift, for example, 11 p.m. to 7 a.m. or midnight to 8 a.m., during the week, weekends and holidays if required? ☐ Yes ☐ No (If No, why?) _____

2. List all current and previous applications submitted or on file with other police agencies.

3. If your application is considered favorably, on what date can you start work? _____

Education

Name of School	Address	Dates of Attendance	Major	
<i>High School</i>				
<i>College</i>				
<i>Graduate</i>				
<i>Police Academy</i>				
<i>Military</i>				
<i>Miscellaneous</i>				

2. List any dismissals from school, or disciplinary actions, including scholastic probation, which occurred during your scholastic career.

3. List any awards, honors, citations, and other special recognition that you received while attending school.

4. List any special abilities, interests, or hobbies, and your proficiency in them, which might be related to the job you are applying for.

Employment Record

1. List chronologically from your present or the most recent employer, all employment for the past ten (10) years.

Name and Address of Employer	Dates From To		Position	Name of Supervisor	Reason for leaving
Name					
Address					
City- State - Zip					
Name					
Address					
City- State - Zip					
Name					
Address					
City- State - Zip					
Name					
Address					
City- State - Zip					
Name					
Address					
City- State - Zip					
Name					
Address					
City- State - Zip					
Name					
Address					
City- State - Zip					

2. Have you ever been dismissed, asked to resign, suspended, reprimanded, censured or received any other type of discipline or job action from any employer?

☐ No
 ☐ Yes - (if yes, provide specific details below)

3. Are you eligible for rehire with each of your former employers?

☐ Yes
 ☐ No - (if no, provide specific details below)

Military Record

1. Active duty military service, provide a copy of your DD-214 with this application.

<i>Branch</i>	<i>Rate / Specialty</i>	<i>Rank</i>	<i>Dates</i>
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2. National Guard or Reserve service

<i>Branch</i>	<i>Rate / Specialty</i>	<i>Rank</i>	<i>Dates</i>
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3. Type of Discharge: _____ Date of Discharge: _____

4. List any disciplinary actions that were taken against you as a member of the active duty armed forces, the reserve, or the National Guard.

5. If you are currently a member of the reserve or the National Guard, list for the next 12 months any scheduled or planned drills, training sessions, camps, meetings, or active duty training requirements, and list the name and location of your current unit.

Dates From - To	Activity	Location

Emergency Contacts

1. List the names, telephone number, relationship to you and address of persons who may be contacted by the Department in the event of an emergency.

Name	Telephone Number	Relationship	Address

Charge	Date of Offense	Agency/Court	

☐ No ☐ Yes - (if yes, provide specific details below)

☐ No ☐ Yes - (if yes, provide specific details below)

Date	Agency/Court	Charge	

[illegible][illegible]

1. List three references (not relatives, in-laws, former or present employers, fellow employees or school teachers) who are responsible adults, have a reputable standing in their community and who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities,

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

Name: _____

Address: _____

Phone: _____

How does this person know you? _____

How long has this person known you? _____

[illegible]

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a psychological and a physical exam, which includes a drug screening urinalysis, may be required after a conditional offer of employment has been made. I understand that this is not a contract of employment and I or the Town of Nantucket may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by any Town representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day, night and weekend tours for which I must be available as required. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Nantucket Police Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate the Town of Nantucket, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date

Signature of Applicant

NOTARY CERTIFICATION

State of: _____

County of: _____

I, _____, being duly sworn, depose and state I am the above named person. I signed the foregoing statement. I personally read and printed by hand or typewriter/printer answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature of Applicant

Sworn before me this _____ day of _____, 200____

Notary Public
My Commission Expires: _____

GENERAL RELEASE



Nantucket Police Department

20 South Water Street

Nantucket, Massachusetts 02554-3597

Telephone (508) 228-1212

Fax (508) 228-7246

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____, do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to a duly authorized agent of the Nantucket Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure for the records of: educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and or savings accounts, loans, records of commercial or retail credit agencies, including credit reports and or ratings; medical and psychiatric treatment and or consultation, including hospitals, clinics private practitioners and the United States Veterans Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and salary records; real and personal property records and other financial statements and or records wherever filed; records of complaint, arrest, trial and or convictions for alleged or actual violations of law, including criminal and or traffic records; records of complaint of a civil nature made by me or against me wheresoever located, and to include the records and recollections of attorneys at law or of other counsel whether representing me or another person in any case in which I presently have or have had interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Nantucket Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to my personal information, however personal or confidential it may appear to be, furthermore the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part upon my authorization for release of information will be considered in determining my suitability for employment by the Nantucket Police Department.

I also understand, and agree to the fact, that the information obtained by the Nantucket Police Department is the personal property of said Department, and will not be disclosed to anyone, including myself.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE OF APPLICANT

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

SOCIAL SECURITY NUMBER: _____

DATE of BIRTH: _____